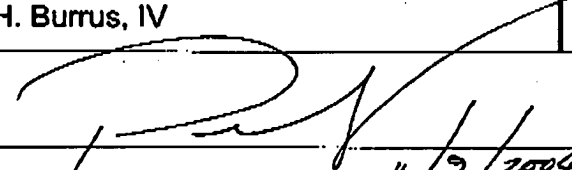
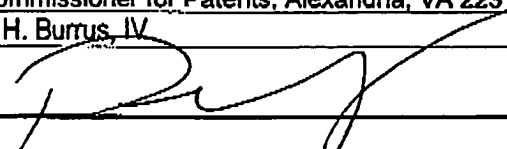


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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/876,504	NOV 09 2004
	Filing Date	June 7, 2001	
	First Named Inventor	Philip H. Burrus, IV	
	Group Art Unit	3622	
	Examiner Name	Daniel Lastra	
Total Number of Pages in this Submission	11	Attorney Docket Number	EN11309

ENCLOSURES			(check all that apply)
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-Related papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CDs _____	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter with appropriate copies <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) REQUEST FOR CONTINUED EXAMINATION : FCZ	
Remarks X Facsimile Transmittal			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	Philip H. Burrus, IV	Registration No.	45,432
Signature			
Date	11/9/2004		
CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO to facsimile number <u>703-872-9306</u> or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313 on the date listed below:			
Typed or printed name	Philip H. Burrus, IV		
Signature			Date
			11/9/04

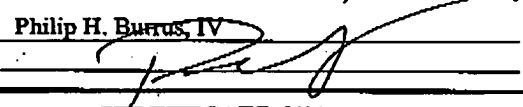
REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Application Number</td> <td>09/876,504</td> </tr> <tr> <td>Filing Date</td> <td>June 7, 2001</td> </tr> <tr> <td>First Named Inventor</td> <td>Burrus</td> </tr> <tr> <td>Group Art Unit</td> <td>3622</td> </tr> <tr> <td>Examiner Name</td> <td>Daniel Lastra</td> </tr> <tr> <td>Attorney Docket Number</td> <td>EN11309</td> </tr> </table>	Application Number	09/876,504	Filing Date	June 7, 2001	First Named Inventor	Burrus	Group Art Unit	3622	Examiner Name	Daniel Lastra	Attorney Docket Number	EN11309
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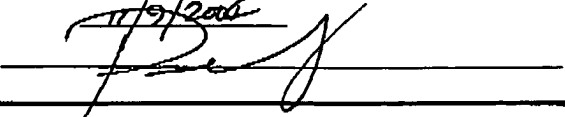
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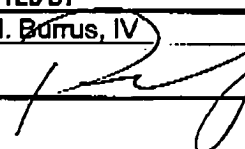
This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO).

1. Submission required under 37 C.F.R. 1.114 Note: if the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).
 - a. ☐ Previously submitted. If a final Office Action is outstanding, any amendments filed after the final Office Action may be considered as a submission even if this box is not checked.
 - i. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____.
 - ii. ☐ Other _____
 - b. ☒ Enclosed
 - i. ☒ Amendment/Reply
 - ii. ☐ Affidavit(s)/Declaration(s)
 - iii. ☐ Information Disclosure Statement (IDS)
 - iv. ☐ Other _____
2. ☐ Miscellaneous
 - a. ☐ Suspension of Action on the above-identified application is requested under 37 CFR 1.103(e) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.117(i) required.)
 - b. ☐ Other _____
3. ☒ Fees The RCE fee under 37 C.F.R. 1.117 (c) is required by 37 C.F.R. 1.114 when the RCE is filed.
 - a. ☒ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 502117.
 - i. ☒ RCE fee required under 37 C.F.R. 1.17(e)
 - ii. ☐ Extension of time fee (37 C.F.R. 1.136 and 1.17)
 - iii. ☐ Other _____
 - b. ☐ Check in the amount of \$ _____ enclosed..
 - c. ☐ Payment by credit card (Form PTO-2038 enclosed)

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED		
Name (Printed/Type)	Philip H. Burrus, IV	Reg. No. 45,432
Signature		Date 11/9/2004

CERTIFICATE OF MAILING OR TRANSMISSION	
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 or facsimile transmitted to the U. S. Patent and Trademark Office on:	
Name	PHILIP H. BURRUS, IV 

FEE TRANSMITTAL Patent fees are subject to annual revision <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Complete if Known	
		Application Number	09/876,504
		Filing Date	June 7, 2001
		First Named Inventor	Philip H. Burrus, IV
		Examiner Name	Daniel Lastra
		Group Art Unit	3622
TOTAL AMOUNT OF PAYMENT		Attorney Docket No.	EN11309

METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number <u>502117</u> Deposit Account Name <u>Motorola, Inc.</u> The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fees(s) indicated below, except for the filing fee to the above-identified deposit account.		FEE CALCULATION (continued)																																																																																																																																																																																																																																					
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1203	300	2203	150	Multiple dependent claim, if not paid																																																																																																																																																																																																																																			
1204	88	2204	44	* Reissue independent claims over original patent																																																																																																																																																																																																																																			
1205	18	2205	9	* Reissue claims in excess of 20 and over original patent																																																																																																																																																																																																																																			
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SUBMITTED BY Name (Print/Type) <u>Philip H. Burrus, IV</u> Signature 		Complete (if applicable) Date <u>11/9/2002</u>																																																																																																																																																																																																																																					